

# Iowa Comprehensive School Reform Demonstration Program

Budget Proposed

200\_-200\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Due: January 31, 200\_ or July 31, 200\_**

**Send to:** Rita Martens  
Grimes State Office Building  
Des Moines, IA 50319-0146  
[rita.martens@iowa.gov](mailto:rita.martens@iowa.gov)

### Budget Proposed for 200\_-200\_

100	Salaries		No. of Staff	Requested Grant Funds (May not increase)
		Professional		
		Full Time		
		Part Time		
		<b>Total</b>		
		Other		
		Full Time		
		Part Time		
		Administrative Costs		
		Employee Benefits		
		<b>Total</b>		
200		Staff Travel		
		Staff Training		
		<b>Total</b>		
300	Purchased Services			
400	Supplies			
		Evaluation		
	<b>Grand Total</b>			<b>Same as Year 1</b>

**Note:** This Form may be altered to accommodate your budget format. However, these categories should be included with your information.